

**County of Los Angeles**

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**Department of Health Services**

**Office of AIDS Programs and Policy**



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**Developing and Review of HIV/AIDS Educational Materials  
Protocol**



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## Mission Statement

The purpose of the Office of AIDS Programs and Policy is to develop an effective response to the HIV/AIDS epidemic in Los Angeles County by improving our response to HIV disease and its associated risk factors, preventing its spread, maximizing health and social outcomes and coordinating impactful and efficiently targeted services for those at risk for, living with or affected by HIV.

## Vision Statement

The Office of AIDS Programs and Policy is a center of excellence for ensuring effective delivery of HIV prevention, care and treatment services. We forge dynamic partnerships that improve the local, State and national response to the HIV/AIDS epidemic.

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# I. Introduction

The Office of AIDS Programs and Policy is committed, through its partnerships with community-based organizations, federal, state and local agencies to the provision of high-quality services to people with or at risk for HIV/AIDS. This document will describe some of the efforts of OAPP to ensure that materials developed in support of services are reflective of state-of-the-art HIV/AIDS services, consistent with contracted services, adherent to community norms and values and in compliance with requirements of funding sources. **All OAPP funded programs must comply with federal and state regulations regarding HIV educational materials.**

The intent of this protocol is to be all-inclusive, that is, it describes a single standard and process for all materials regardless of funding source. OAPP maintains a dynamic compilation of funding source requirements, and is responsible for ensuring that the particular requirements of each funding source is appropriately considered and applied properly. **[All materials used by an agency for OAPP-funded activities must be submitted for approval to OAPP, whether they were developed using OAPP funds or not.** Materials developed using other sources of funds may not require submission *if* the agency can demonstrate that no OAPP funds were used to create, distribute or otherwise use the materials.] **Only OAPP approved materials can be used in OAPP-funded programs.**

In general terms, this protocol discusses two categories of materials: program administration materials and materials with educational content. **Program administration materials** are materials used to manage, document and promote services provided. Examples of administrative materials include intake and assessment forms, sign-in sheets, outreach tally sheets, promotional flyers or brochures and other forms. As a general rule, administrative materials have little or no educational content.

**Educational materials**, in contrast, are designed, in some way to affect knowledge, attitudes, beliefs and/or practices regarding HIV/AIDS and associated behavior change and risk reduction, access to services and treatment education. **Social marketing materials** are a specific subset of education materials, and have some specific and distinct development and review requirements.

Educational materials must be geared to the literacy level of the target group, written in their language, scientifically accurate, relevant to the communities for which they are intended, suitable to the individuals targeted, and appropriate for the venue intended for use. Most important, materials must be effective in delivering an appropriate and needed HIV treatment or prevention service or message.

The most specific guidelines for materials are provided by the federal Centers for Disease Control and Prevention (CDC) in their *Interim Revision of Requirements for Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions in CDC Assistance Programs (1992)*, and is included as **Appendix A**. These guidelines set a standard for evaluation of educational materials, and are used by OAPP to guide its evaluation of educational materials regardless of funding source.

The following sections of this protocol describe the development of materials, the submission of materials and the review of materials. The appendices include materials for reference. All portions of this document are subject to change, with the most current version available on the OAPP webpage at [www.lapublichealth.org/AIDS](http://www.lapublichealth.org/AIDS).

This document was prepared by Michael Squires, MPH, Training Coordinator, Educational Services Division, Office of AIDS Programs and Policy, and Ernesto Hinojos, MPH, Educational Services Division. Other staff which participated in the development of the protocol were: Mr. Gunther Freehill, Director, Public Affairs; Raymond Johnson, Chief of Staff, Executive Office; Mario Perez, Director, Prevention Services; and Robert Fish, PhD., Director, Care Services. We would like to acknowledge the strong support given to this project by Mr. Charles Henry, Director of O.A.P.P. His vision, leadership and compassion continue to inspire us all.

## II. The Development of Materials

The development of materials of all sorts should be guided by a sound programmatic assessment of the need for materials. OAPP encourages contractors to review materials from other sources before beginning to design their own materials.

The costs associated with the development of materials are generally allowable costs for the OAPP contract that supports the services associated with the materials. Contractors are responsible for ensuring that the costs they incur are consistent with the contract budget. Costs for production (e.g., printing, videotaping) will not be reimbursed if the costs were incurred prior to approval of the materials.

### A. Program Administration Materials

This section refers to materials used to collect, document or promote provision and/or consumption of services. These materials do not necessarily serve to provide HIV/AIDS education or risk reduction information, but rather, primarily serve to assist service providers to advertise, capture, track, and document program services.

Many program administration materials have been developed and refined over the course of many contract terms. Contractors new to HIV/AIDS services and contractors beginning to provide new service modalities should consult with their OAPP program manager and their colleagues in other HIV/AIDS service organizations on the availability of existing program administration materials that might be relevant to their needs.

The OAPP contract for services includes a complete and specific list of materials required for each service modality. Program administration materials include, but are not limited to, the following:

- Confidentiality agreement forms
- Data collection, data reporting forms
- Forms for planning or documenting services, including outreach, intake, assessment, progress and individual service plans
- Policies and procedures for the services to be provided
- Program activity calendars
- Promotional flyers and posters
- Release of information forms
- Sign in sheets, with or without demographic data
- Standard legal documents in support of contracts, such as consent forms

While some of these forms are not necessarily seen or used directly by clients, every effort should be made to make them easy to use and implement. Standardized forms are acceptable, and are encouraged to facilitate data comparison.

## B. Educational Materials

Educational materials are those materials intended to affect knowledge, attitudes, beliefs and/or practices regarding HIV/AIDS and associated risk behavior change and risk reduction, access to services and treatment education. Many OAPP contractors develop HIV/AIDS educational materials to complement or enhance delivery of services to the population served by the contract; most, if not all, OAPP contractors use educational materials in the course of providing services.

**All educational materials used by contractors in the course of providing services must be submitted to OAPP for approval prior to use.** As a general rule, materials that have been developed and approved by state or federal agencies for distribution to the public will be reviewed by OAPP solely for scientific accuracy, relevance to, and appropriateness for the intended Behavioral Risk Group or other target group, intervention or venue.

The material content must be scientifically accurate and clearly understandable by the intended audience. Proper spelling and punctuation should be utilized in the materials, except for specific purposes, for example, use of slang. The format and graphic design should be easy to read, current and appropriate for the target population. Diagrams must be clear and easy to understand.

All curricula and protocols must be consistent with the OAPP prescribed format. When submitting curricula they must include: Introductions, tables of contents, lesson plans including behavioral objectives, learning activities, time frames and evaluation methods. (**Appendix B**)

The information should be concise. Brochures or pamphlets that are too long and have too much information can lose their audience's attention.

Materials should be written at the appropriate literacy level for the target population (**Appendix C**) and be void of offensive, racist, sexist, homophobic, coercive, and judgmental language. Materials targeted to ethnic and racial populations should be language-appropriate, culturally sensitive and competent. Referrals in the materials must be appropriate for the target population and the agency names, addresses, and phone numbers included in the material must be accurate. Every effort should be made to include referral information for services located near the target population.

Translation between non-English languages and English must be accurate for content and idea, but word-for-word translation is neither required nor recommended. Stylistic differences are acceptable. Qualified specialty reviewers will review the non-English language edition of the submitted materials.

Educational materials include, but are not limited to, the following:

- Curricula, including introductions, tables of contents, lesson plans including behavioral objectives, learning activities, time frames and evaluation methods
- Pamphlets and Brochures
- Posters with educational content
- Pre- and post-tests
- Program evaluation and assessment tools, including surveys of those served



- Scripts for role playing
- Social marketing primary and collateral materials
- Videos and accompanying scripts
- Web Locations and contents of web pages
- All other educational materials as requested by OAPP

These requirements apply to all materials used in OAPP-funded activities, whether the material is produced by the contractor or obtained by the contractor for use from another entity.

## C. Social Marketing Materials

OAPP defines “social marketing” as the use of modern marketing principles and methodologies to affect in some way knowledge, attitudes, beliefs and/or practices regarding HIV/AIDS risk, associated behavior change and risk reduction and access to services and treatment education. Social marketing materials are distinct from other educational materials in that social marketing materials are for relatively broad use, are frequently used independently of other services and are generally more public in their use and exposure.

Primary social marketing materials include advertising in newspapers, billboards and other out-of-doors media. Collateral materials include flyers, brochures, palm cards and other materials.

Generally, social marketing campaigns are designed to coordinate messages, images and design elements among primary and collateral social marketing materials. Effective coordination of social marketing materials synergistically increases the impact of each element.

Simplicity is the fundamental guideline for creating good media products. The assessment by OAPP of social marketing materials will include reference to the following generally accepted principles of social marketing.

- a. Design elements should be unified to create a clear and succinct message. Viewing time for most out-of -doors messages is only a few seconds.
- b. Visual elements are just as important as words. Each element should be well defined within the context of a design, and contribute to the call to action.
- c. Minimize the number of words. The most effective out-of-doors designs contain six or fewer words.
- d. Use color thoughtfully. Well-balanced and coordinated color selection can enhance the impact of a message.
- e. Type fonts and sizes should be appropriate for the medium. Fonts that work well in a print ad may not be effective on a billboard. Out-of-doors displays are often seen from far distances, which may cause some typefaces to bleed together while others may lose resolution.

Evaluate the combined elements of a design in a simulated out-of-door environment for viewing. Headline sub-heads and phone number type should be readable from 200 feet. Attribution text may be smaller, not smaller than 60 points, or 30 points when set at 1" = 1' format.

Notes on legibility of typefaces:

Kerning, or space between letters – Sufficient kerning assures the legibility of text from distances. Tight kerning reduces legibility causing adjacent letters to attach visually. Without proper kerning “clear morning” could be interpreted as “dear mom.”

Crowding letters into a restricted space will reduce legibility.

Several contrasting letter strokes will lose definition when viewed from a far distance.

Script typefaces are difficult to read at any distance.

**Bulky typefaces** lose distinction between letters

## D. Internet Web Locations and Related Links

The content of web locations (including related links) is subject to the same review and approval requirements as other forms of educational materials. Web locations will be reviewed according to the same criteria as social marketing materials, since they have broad public access. Web locations are required to be OAPP approved prior to the web locations going public.

### Web Locations Disclaimers

One of the following disclaimers must be displayed prominently on the web locations that are most likely to be encountered by viewers of the HIV/AIDS content.

- a. This site contains HIV prevention messages that may not be appropriate for all audiences.
- b. This site contains HIV prevention messages that may not be appropriate for all audiences. If you are not seeking such information or may be offended by such materials, please exit this webpage.
- c. This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this webpage.
- d. Since HIV is spread primarily through sexual practices or by sharing needles, prevention messages on this site may address these topics. HIV prevention materials funded by CDC must be approved by local review panels. However, the materials may be considered controversial by some viewers.

An alternative to displaying one of the above notices in its entirety on the main web location would be to display a link that reads "HIV/AIDS Content Notice," which would take the user to a separate web location displaying the HIV/AIDS content notice in its entirety.

**Any web location that features links to websites not specifically funded by OAPP must have a pop-up window that appears when the viewer attempts to link with that webpage. The pop-up window must have the following language:**

You are now exiting webpages funded or supported by the Los Angeles County Department of Health Services, Office of AIDS Programs and Policy to links to external webpages. The Los Angeles County Department of Health Services Office of AIDS Programs and Policy and (contracting agency name) are not responsible for the availability or content of these external sites, nor do we endorse, warrant or guarantee the services or information described or offered on the sites. Furthermore, the site you are about to visit may contain information that may not be appropriate for all audiences. The views and information provided on these external web pages do not necessarily state or reflect those of (contracting agency name), the Los Angeles County Department of Health Services, California Department of Health Services, or the United States Department of Health and Human Services.

Links which connect the viewer to webpages that depict sexual activity or drug use for purposes other than the prevention of HIV or sexually transmitted disease are expressly forbidden.

OAPP is required to certify that all contractors and subcontractors have submitted the Certification of Compliance Form, stating that they will comply with the terms and conditions of the CDC Requirement and have posted the appropriate disclaimer on their webpages. **(Appendix D)**

### III. Submission of Materials

All materials (program administrative and educational materials) are submitted to the OAPP Program Manager for review. Program Managers review materials to determine if materials are administrative or have educational content, and refer educational materials for content review.

A Material Submission Form (**Appendix E**) must be submitted along with the materials for approval. Contractors use this form to describe the materials submitted and their intended use.

The *Planned Use section (number 4)* of the Material Submission Form should be specific and be consistent with the activities described in the contract scope of work. The target population or behavioral risk group intended as the consumers of the materials must be consistent with one or more of the target populations or behavioral risk groups specified in the contract scope of work.

To be considered complete, the form must be signed by the contractor's chief executive officer, senior administrator or program director for the contracted service. The signature must be the same name that is on the Agency Contract Contact Verification Form submitted to OAPP's Financial Services Division. If the contractor has a fiscal agent for the contract, the forms need to be signed by a designee of the fiscal agent.

All educational materials must include funding credit. (**Appendix F**) The funding credit should be well-placed and prominent, but should not distract from the programmatic impact of the material.

Some materials may require disclaimers or addenda that provide enhanced information and options to the consumer. (**Appendix G**)

Materials providing instructions on needle cleaning techniques are required to follow the State of California Office of AIDS guidelines. (**Appendix H.**)

#### A. Program Administration Materials

**Copies.** Contractors submit one copy of administrative materials for review, along with a Materials Submission form (**Appendix E**) signed by the contractor's executive director, senior administrator or program director, consistent with the Agency Contract Contact Verification Form. If the materials submitted are in a language other than English, an English translation must accompany the non-English language materials.

#### B. Educational Materials

**Copies.** Submit one original and seven copies for a total of eight copies, along with a Materials Submission Form (**Appendix E**) signed by the contractor's executive director, senior administrator or program director. Eight copies must be submitted irrespective of the funding source. Materials must be in final **mock-up form and can be submitted electronically. (You may submit mock-up in "Digital Formats")**.

**Language.** If the materials are in a language other than English, three copies of the non-English language versions should be submitted, along with eight copies of the English translation (for a total of 11 copies).

**Scripts.** Contractors should submit two copies of scripts and storyboards for any planned video or audio productions prior to incurring production costs. After receiving scripts and storyboard approval and when produced, the contractor should submit one copy of the audiotape, CD, or video in VHS format for approval prior to use. For media produced in a language other than English, contractors should submit an accompanying English language translation of the script and storyboard.

## C. Social Marketing Materials

**Copies.** Submit one original and seven copies for a total of eight copies, along with a Materials Submission form (**Appendix E**) signed by the contractor's executive director, senior administrator or program director. Along with Social Marketing Creative Image Fact Sheet (**Appendix I**). Contractors are encouraged to explore the most cost-effective means of producing draft social marketing materials, and can request approval from the Program Manager to submit digital, rather than printed, copies of materials that are difficult to duplicate.

**Advisory Panel.** It is the responsibility of the contractor to ensure that a current list of members for their social marketing advisory panel is on file with the Program Manager.

**Narrative.** A narrative description of the process used to develop the social marketing materials is required. The narrative should discuss the following:

- The intended effect of the social marketing campaign, including the specific call to action.
- The population(s) targeted by the campaign identified by behavior risk group and/or other characteristics consistent with the contracted program's scope of work.
- The population(s) likely to consume the materials, irrespective of program target.
- Copy of field tests or focus groups report conducted to develop and/or review the materials. The report should describe recruitment methods and demographic information of the participants. A summary of feedback should be included, as well as a narrative description of the response of the contractor to the results. Contractors should keep on file, but not include in the submission unless requested, drafts of materials viewed by participants of any field test or focus group. The field test or focus group should include consideration of the extent to which participants discerned the message intended, considered it effective, relevant, memorable, credible and generally acceptable to the target population and communities intended.
- A detailed implementation and distribution plan. The plan should be specific in terms of the kind and number of media planned.
- Specific information on the placement, duration and target population for out-of-doors media is required. The location should include the identifying street location, Service Planning Area and Supervisorial District.

- For broadcast media, including public service announcements, specific information on the stations, programs, days and time should be provided. In addition, the demographic characteristics of the likely audience should be described.
- For print ads, provide the publications targeted, and the demographic characteristics of the likely readership.
- An evaluation plan that describes how the social marketing campaign will be evaluated for effectiveness.

## D. Web Locations and Related Links

The contractor should submit eight printed copies of the artwork for proposed web locations and links, together with URL addresses of prototypes or finished sites to the OAPP Program Managers and a Materials Submission Form (**Appendix E, and if applicable, Appendix I**). Although the OAPP review will focus on the content and appropriateness of materials, some consideration will be given to the look and feel of the web locations. The graphic artwork of the web location should not make the information difficult to read or the information inaccessible to the user.

## IV. Review of Materials

### A. Program Administration Materials

The OAPP Program Manager conducts an administrative review (**Appendix J**), and determines if the materials are clearly administrative in nature. If the materials are administrative in nature, the Program Manager reviews the materials for consistency with the contracted services, coherence and utility, and provides technical assistance for revisions as needed. Upon resolution, the Program Manager recommends action to his or her supervisor and Division Director.

If the materials submission is incomplete or unsatisfactory, the OAPP program manager will notify the Division Director and send the materials in question back to the agency with a request for modification.

### B. Educational Materials

Educational materials are reviewed by OAPP and a Community Material Review Panel (CMRP). **The entire process will take approximately six weeks for most materials.** The process will include the following steps:

- **Administrative Review.** The OAPP program manager conducts an administrative review. (**Appendix I**) Upon determining that all required materials are submitted, the Program Manager forwards the materials to the Educational Services Division for content review.
- **General Review.** The Educational Services Division (ESD) conducts a first level content review using the criteria described below and determines whether a specialty or non-English language review is required. The ESD will, as needed and appropriate, provide the contractor with any requirements for changes, offer technical assistance and a request the re-submission of the materials reflecting the requested changes. A request for re-submission may lengthen the review process.

If changes are requested by Educational Services, they will allow the agency two weeks to make the recommended changes and send them back to the Educational Services Division. If the deadline passes without the agency communicating with ESD, the Educational Services staff will contact the agency to set a new deadline date for returning the material and notify the OAPP Program Manager for that agency. If this next deadline is not met, the ESD staff will contact the agency Director and set a final deadline date. If this deadline is not met, a letter of withdrawing the material will be sent to the agency. Sixty (60) days is the maximum time materials should remain in the system without revisions.

The General Review will concentrate on the following:

**Date:** Material should be dated and should be the most current available edition.

**Content:** Material content needs to be accurate, current, and as nonjudgmental as possible. Educational issues should be clear and not clouded by graphic designs.

**Grammar:** Proper spelling, punctuation, etc. should be utilized unless certain jargon (specific to the target group) needs to be included.

**Format:** The format or graphic design should be easy to read, current, and appropriate for the content. Diagrams need to be printed clearly, easy to understand and have an attractive layout. Curricula and protocols should follow the OAPP prescribed format.

**Length:** Information should be concise to keep an individual's attention. Brochures or pamphlets that are too long and have too much information tend to lose their audience's attention.

**Language:** Materials should be written at the appropriate literacy level for the target group and be void of offensive, racist, sexist, homophobic, coercive, and judgmental language.

**Ethnic/Cultural Sensitivity:** Materials must be free of offensive language and stereotypes but consistent with behavior risk group communicative form, and should be sensitive to the values, language and culture of the target group.

**Referrals:** The target group should be directed to an accessible and appropriate source for additional information. The agency distributing brochures or pamphlets should have their name, address, and phone number placed on the materials.

- **Specialty or non-English Language Review.** The ESD has the option of referring any materials for a specialty or non-English language review. A specialty review is appropriate for any material that is highly specific to a population, experimental in its approach or very technical or scientific in nature. Materials in languages other than English are reviewed by individuals proficient in that language. The ESD will, as needed and appropriate, provide the contractor with any requirements for changes, offer technical assistance and request the re-submission of the materials reflecting the requested changes. Note the following:

**Non-English Languages:** Translation between Non-English and English languages must be accurate for content and idea. Word-for-word translation is not recommended. Stylistic differences are acceptable. All of the factors listed above also apply to the non-English language edition of the submitted material. The non-English language edition of the submitted material will be reviewed by qualified specialty reviewers.

- **Community Materials Review Panel.** See "Community Materials Review Panel" section below.
- **Final Review.** OAPP is responsible for review of comments from specialty or non-English language reviews and from the community review panel. OAPP will assess the comments and notify the contractor of the results.

## C. Social Marketing Campaign Materials

The review of social marketing materials includes the following steps:

- **Administrative Review.** The OAPP Program Manager conducts an administrative review. Upon concluding that all required materials are submitted, including requirements specific to the submission of social marketing materials, the Program Manager forwards the materials to the Educational Services Division for content review and review of the Social Marketing Creative Image Fact Sheet (**Appendix I**).



- **Social Marketing Materials Review.** The Educational Services Division convenes a group of OAPP Senior Level Staff to review the content of social marketing materials. At a minimum, the group will include the OAPP Program Manager and/or his/her supervisor, the Division Director for the Program Manager, and the Directors of Public Affairs and the Educational Services Division. The group will also include specialty and non-English language reviewers as needed and appropriate. The issues and concerns of the OAPP content review group will be provided to the OAPP Program Manager. The OAPP program manager will, as needed and appropriate, provide the contractor with these concerns to make requirements for change, offers of technical assistance and request a re-submission of the materials with the required changes.
- **Community Material Review Panel.** See “Community Materials Review Panel” section below.
- **Final Review.** OAPP is responsible for review of comments from specialty or non-English language reviews and from the community review panel. OAPP will assess the comments and notify the contractor of the results.

## D. Web Locations and Related Links

See above for requirements for the submission of materials for web locations and related links. These materials will be reviewed following the same procedure as described for the review of educational materials or social marketing materials if they are part of a social marketing campaign.

## E. Community Materials Review Panel

In addition to a review by OAPP, materials are reviewed by a community panel made up of a pool of community members who are representative of or have special knowledge of the Behavioral Risk Groups (BRGs) or other target groups. The Community Materials Review Panel (CMRP) will include approximately fifteen individuals, including a minimum of five members of the Los Angeles County HIV Prevention Planning Committee and two members of the Los Angeles County Commission on HIV Health Services. (See **Appendix K** for Job Description.)

Educational Services Staff will convene a CMRP made up of at least five members monthly to review materials submitted during the last four weeks. Educational Services staff will facilitate the review process, document feedback and summarize the CMRP recommendations. Panel members will review materials for suitability of use with the BRGs, or other target groups and answer a specific set of questions to determine if the material promotes behaviors or lifestyles that might put someone at risk for HIV. (**Appendix K**) Each Community Review Panel Member will complete the Community Review Panel Materials Review/Approval Form. (**Appendix L**)

## F. Final Review

OAPP is responsible for compiling the review comments from all sources. The final approval of materials is at the discretion of the Director of the Office of AIDS Programs and Policy. The chief executive and/or senior administrator/program director will be notified of the results of the final review in writing.

## APPENDICES

Department of Health and Human Services  
Center for Disease Control and Prevention

**APPENDIX A**

**Interim Revision of Requirements for  
Content of AIDS-Related Written Materials, Pictorials,  
Audiovisuals, Questionnaires, Survey Instruments, and Educational  
Sessions in Centers for Disease Control Assistance Programs  
June 15, 1992**

**1. Basic Principles**

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

- a. Written materials (e.g., pamphlets, brochures, fliers), audiovisual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
- b. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of section 2500 (b), (c), and (d) of the Public Health Service Act, 42 U.S.C. 300ee(b), (c), and (d), as follows:

“Sec. 2500. Use of Funds

- (b) Contents of Programs – All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.”

- (c) Limitation – None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.
  - (d) Construction – Subsection ( c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual’s risk of exposure to, or the transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.”
- c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.
  - d. Messages provided to young people in schools and in other settings should be guided by the principles contained in “Guidelines for Effective School Health Education to Prevent the Spread of AIDS” (MMWR 1988;37 [supple. No. S-2]).

## **2. Program Review Panel**

- a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization (s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or an other CDC-funded organization rather than establish their own panel. The Surgeon General’s Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:
  - (1) Understand how HIV is and is not transmitted; and
  - (2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

- b. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.
- c. Applicants for CDC assistance will be required to include in their applications the following:
  - (1) Identification of a panel of no less than five persons, which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review Panel, except as provided in subsection (d) below. In addition:
    - (a) Panels, which review materials intended for a specific audience, should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panel or as consultants to the panels.
    - (b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a state or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.
    - (c) Panels which review materials for use with school-based populations, should include representatives of groups such as teachers, school administrators, parents, and students.
    - (d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c), above. However, membership of the Program Review Panel may be drawn predominately from such racial and ethnic populations.
  - (2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:

- (a) Concurrence with this guidance and assurance that its provisions will be observed;
  - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.
- d. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multistate), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/state panels must include as a member an employee of a state or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c. (1).

Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/state organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.

- e. When a cooperative agreement/grant is awarded, the recipient will:
  - (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;
  - (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development;
  - (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement (s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and
  - (4) Provide to CDC in regular progress reports signed statement (s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

## **Review of HIV Prevention Educational Materials: Q&A on Content Guidelines**

### **1. Does CDC have requirements regarding the use of Federal funds to produce or distribute HIV education materials?**

The June 1992 Content of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs (Federal Register Vol.57, No. 115/ June 15, 1992) established requirements for local and national organizations which use CDC funds to prepare or distribute HIV prevention materials. As a condition of funding, each recipient is required to establish or identify a Program Review Panel (PRP) to review and approve educational materials as defined in the CDC Requirements. The Basic Principles section emphasizes the range of prevention messages, which must be presented in these materials, including postponement of sexual activity for young people and mutual monogamy with an infected partner for sexually active adults.

### **2. Recognizing that persons of different ages and experience may have different needs for HIV prevention information, how does CDC assure that materials developed or distributed with grant funds are correct and appropriate for an intended audience?**

CDC recognizes that State health and education agencies have primary responsibility for facilitating collaboration and coordination of their respective HIV prevention efforts, minimizing duplication between nongovernmental organizations and health/education agencies, and providing technical expertise for HIV prevention materials developed within their States. CDC strongly encourages all grantees to work collaboratively from the outset of material development to the planning for the implementation and dissemination of completed materials. Collaboration with appropriate representatives of the target communities is seen as increasing the effectiveness of HIV prevention materials.

To assure that the materials are technically correct, each PRP must include an employee of a State or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. PRPs which review materials for use with school-based populations should also include representatives of groups such as teachers, school administrators, parents, and students. Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience.

## Q&A on Content Guidelines

### **3. Is CDC approval required for materials developed or distributed with grant funds?**

No. Approval of duly constituted Program Review Panel (national, State or local), in compliance with the CDC Requirements, is the only requirement. Of course, CDC offers technical advice and assistance to its grantees on the accuracy and applications of these educational materials. CDC has actively avoided the Federal intrusion on local policymaking by delegating such responsibility to State and local panel whose members are “a reasonable cross-section of the general population.” Such local determination allows for development of materials and programs that are better suited for the prevention needs of a particular region, State or community.

### **4. Do grant recipients provide materials to CDC that they develop from CDC funding?**

CDC’s comprehensive school health and HIV prevention grantees are not *required* to submit copies of materials they have developed using grant funds; however, many grantees do provide their newly developed materials to CDC program staff and CDC’s National Prevention Information Network (NPIN). In accordance with the “Interim Requirements,” when national, state and local agencies and organizations produce materials with CDC funds, their mandated Program Review Panels must review and approve the materials prior to publication and dissemination. Materials produced by State and local education agencies are also not reviewed by CDC prior to publication because the scope and content of educational programs are determined at the State and local level.

CDC’s NIPN collects descriptions and categorizes HIV/AIDS-related materials by type and intended audience and this information is made available as a reference by interested individuals and organizations. NPIN currently has over sixteen thousand items in the HIV educational database, and many of these items were developed by CDC’s grantees. NPINs does not differentiate those items that were produced using these grant funds from those that were privately financed. Persons interested in obtaining more information on the NPIN inventory of HIV/AIDS reference materials can call 1-800-458-5231 or on the web at: <http://www.cdenpin.org/start.htm>.



## **APPENDIX B**

### **CURRICULUM REQUIREMENTS**

#### **I. What is a Curriculum?**

A **curriculum** is a set of *lesson plans* organized around a central theme. Sample themes that agency may develop a curriculum around are reducing HIV risk behaviors in adolescents, training HIV Peer Educators, and developing harm reduction skills.

A standard curriculum includes:

- a table of contents
- a schedule or time table
- an introduction
- lesson plans for each section/activity (see Section II)

A table of contents provides the curriculum with organization and structure. A time table details the amount of time devoted to each topic.

The **introduction** section states:

- a. the *goal* of the program- A goal is a very general statement of program purpose without specifics like the number of people affected or the time frame involved. "To reduce HIV transmission among youth in the Silver Lake region of Los Angeles County," is a good example of a goal.
- b. the *target population* - The target population is the specific group of persons (e.g. Behavioral Risk Group) that the program will be geared towards (e.g. "for use with Young African-American Men who have sex with Men and Women").
- c. a brief *overview* - A brief overview of the curriculum is a statement regarding the organization or format of the program. For example an overview could read, "A six session program focusing on risk reduction skills building, HIV knowledge, the role of the Peer Educator in HIV prevention, etc." Also, during the overview, ground rules, learning objectives, and purpose of the program can be established.
- d. a description of *methods* - A description of methods includes the ways that the program intends for its participants to learn. Activities such as lecture, demonstrations, skills practice, role plays, discussions, field trips, etc. are to be included in this section.

Ultimately, a curriculum needs to be a comprehensive guide that can clearly communicate to the instructor what steps need to be taken in order to implement and achieve the desired results of a program.

#### **II. What is a Lesson Plan?**

A **lesson plan** describes how a participant is going to achieve a desired effect (e.g. gain in knowledge, acquisition of a skill, etc.) during a defined time. Lesson plans are the building blocks that make up a curriculum.

A lesson plan includes:

- a. behavioral objectives
- b. learning activities

- c. materials
- d. time frame
- e. content

#### a. Behavioral Objectives

The behavioral objective is the most important part of the lesson plan. When writing a behavioral objective, one must answer the questions, " **Who** will do **what**, of **how much**, and by **when**?" This is defined as:

- **Who** - the people expected to change (e.g. your participants)
- **What** - the action, behavior, health practice, or skill to be achieved
- **How much**- the degree, level, or extent of change anticipated
- **When** - the time in which the change is expected to occur

*example:* By the end of the session (when), 90% (how much) of the participants (who) will be able to demonstrate the 3x water, 3x bleach, 3x water, needle cleaning method (what).

A well-written behavioral objective will be measurable and therefore easier to evaluate. Another way to ensure ease in evaluation is to keep behavioral objectives as simple as possible. Each behavioral objective is associated with one or more learning activities that will influence the overall program time. When developing a curriculum, one must prioritize and limit the number of objectives in each lesson plan.

*alternative format example:* By the end of the session, the participants will be able to:

1. *compare* assertive, with aggressive, passive and passive aggressive communication styles.
2. *demonstrate* an assertive communication style as an alternative to aggressive, passive or passive aggressive styles.
3. *develop* at least one strategy for using assertive communication in the participant's daily life.

A good rule to follow is to have all behavioral objectives begin with an action verb (e.g. compare, demonstrate, develop). By identifying the behavior that is to be achieved, the learning activity(ies) will become focused upon accomplishing that task. Behavioral objectives describe the outcome of learning activities. A distinction can be made between an objective and activity through the statement, "When you know what you want done (behavioral objective), you can then figure out how to do it (learning activity)."

#### b. Learning Activities

Learning activities are the strategies or learning methods used to pass on information or skills that will be taught. When planning a learning activity, the most important factor to recognize is the guiding behavioral objective. Each behavioral objective of a curriculum must have at least one or more learning activity(ies) associated. Additional factors to consider in planning learning activities are the i) nature of the content, ii) characteristics of the learners, iii) instructor ability, iv) theoretical orientation, and v) available resources.

- i) **Nature of content:** If the material you are trying to communicate is a simple fact, an appropriate teaching technique might be a lecture format along with the distribution of handouts. More complex concepts, may be better handled by group discussion or role play. Skills are best taught by demonstration and practice.
- ii) **Characteristics of the learners:** Different audiences require different approaches towards communication. Culturally sensitive presentations need to be delivered that include matters such as level of expertise, literacy rate, ethnicity, etc. Participants also have individualistic

learning styles and preferences. Some people are visual learners, while others are auditory and tactile. A learning activity that involves all of the senses will be the most effective in getting your message across to the greatest number of learners.

- iii) **Instructor ability:** The most effective instructor is someone who is comfortable with the material and teaching technique. Some people are more comfortable leading discussions than public speaking. Therefore when developing a lesson plan, the instructor's level of ability to lead the activity must be considered. Identifying one's own strengths as an instructor and adapting a lesson plan to a level of personal comfort is key when implementing an activity or curriculum.
- iv) **Theoretical orientation:** Different theories or models of behavior change suggest different ranges of learning activities. Activities for a *Stages of Change* model, for instance, may include a lecture and discussion about risk activities followed by a personal risk assessment. When using the *Social Learning Theory* as a framework, activities may include skills practice and discussion about the likelihood of adopting a new skill. Almost all theoretical models can benefit from using small group process or discussion as an activity. By identifying the theoretical model behind lesson plan, the curriculum is provided a valuable framework and direction for its activities.
- v) **Available resources:** Some learning activities and presentations require specialized equipment, materials, or persons. Space limitations or specific instructor to learner ratio may also be an issue of concern when conducting specific learning activities. However, high-tech presentation materials are not necessary to have a good program and agency limitations must be considered. Creativity often compensates for a lack of funds.

The strength of a curriculum lies in the connection between the learning activities and the behavioral objectives. Multiple learning activities for a behavioral objective can help participants retain the skill or a concept being taught. Whether selecting an existing curriculum or writing a new one, the same criteria apply.

- c. **Materials.** Once the activities have been determined, a list of necessary materials can be generated. The activity determines the types and quantity of materials. The material are organized in the Participant's Manual. If the materials are not available, then the activity should not be included in the lesson plan or curriculum. Preparation is essential.
- d. **Time Frame.** This is very important. You can deliver more information in two hours than you can in 45 minutes. However, each objective should be allotted sufficient time to get the point across or to allow the activity to be completed. Trial presentations can give you an idea beforehand of what will and will not be manageable. If there is insufficient time to complete all the listed objectives, then some activities need to be postponed to later sessions or eliminated upon reprioritization. Time is valuable and your participants will appreciate a schedule that is reasonable and achievable in terms of predetermined objectives.
- e. **Content.** An individual who had no prior exposure should be able to pick up a curriculum and present one of the lesson plans from the written curriculum. A script or an outline of the material to be presented is often included as a guide for instructors to implement the lesson plan. For example, lesson plans may include script directions like:

*Facilitator will pass out condoms and dental dams now.*

*Pass out dildos and talk the participants through putting condoms on dildos. If time allows have a condom race or condom relay in teams.*

*Wrap-up by summarizing the benefits of condom use, protection from sexually transmitted disease and unwanted pregnancies, and to use only water-based lubricants.*

*Assign homework if any and remind the participants about the next session.  
Pass out evaluations and collect them when they are done.*

Lesson plans must contain all of the components described in this section and should be built upon the skills or knowledge of the target population/participants.

To summarize, a curriculum is a collection of related lesson plans with an introduction, table of contents and other related materials. A curriculum is a document that an instructor can pick up and present the content with minimal effort.

### III. Evaluation of Curriculum

**Evaluation**, in the context of curriculum development, is the measurement of success for a program. There are two components in conducting a good evaluation: **1) impact**, measurement of learner performance, absorption of the skill or information presented; and **2) process**, how the learners felt about the learning situation, including opportunities for feedback to the instructor.

- 1) **Impact** or learner performance is measured with pre and post-tests. The pre-test establishes a baseline of knowledge or skill level. The post-test attempts to measure the knowledge or skill-level of the participants after having completed the curriculum. The change documented in the comparison between pre- and post-test results is a reliable indicator of the effectiveness of the program. A positive increase in scores by participants implies that additional knowledge or skills were gained through participation in the program. Funding sources are keen to see this kind of data because it serves as evidence for getting their monies' worth. The other situation where pre- and post-tests are essential is when you are trying to measure behavior change. For instance, if condom use is being stressed, then a pre-test asking questions about condom use frequency is very important to see if there is an impact or to determine the degree of impact on the learner from your lesson. There are very few situations in health education where a post-test only is a measure of program effectiveness.

In developing evaluation tools, it is important to avoid the temptation to grade your participants. Ranking participants against each other (e.g. giving top grades an "A" and the lowest grades an "F") are of little significance in evaluating a curriculum or lesson plan. The emphasis in behavior change programs needs to be on giving all participants basic knowledge or skills as determined by the behavioral objective. The instructor's job is to teach until that objective is fulfilled. However, not only is the participant's ultimate achievement of the objective to be documented, but their degree of change in behavior must also be recorded and praised.

- 2) **Process** evaluation, in the context of curriculum development, is the learner's *feedback* to the instructor on the quality of the workshop. In a typical situation, when the learner has finished a post-test, s/he is given a form that asks them to rate the instructor's performance and to give comments regarding the workshop. Open-and closed- ended questions are asked to assess the relevancy, teaching style, and use of materials for the workshop. Both process and impact evaluations need to be conducted in order to determine the quality of the workshop. Impact evaluations give the instructor information on how effective a lesson plan was and process evaluation shows where a lesson plan could be modified to be more effective. For example, if most participants in a session missed the same question on a post-test (impact evaluation), this may indicate that the question is misunderstood. Comments on the particular section (e.g. risk behaviors), could provide you with an idea of what was poorly done and why (process evaluation). The instructor is responsible to revise and improve the activity based on both impact and process evaluation outcomes.

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**APPENDIX C**

**READABILITY**

## Readability

Nearly 20% of Americans cannot read, say literacy experts. Another 40 to 44 million Americans have literacy competency skills at the lowest level, according to surveys conducted by the National Center for Educational Statistics. The average reading level in the U.S. is between eighth grade and ninth grade. All the above emphasizes the need to produce materials that our clients can really make use of, whether they are pamphlets, posters, web pages or curriculums. Materials that are easy to understand benefit all clients. Even clients with very high literacy skills benefit from materials written simply and clearly because they do not have to spend as much time attempting to understand the material. The following are some resources that can help designers create materials appropriate to the literacy skills of their target populations:

## Material Design

(below named references also contain information on readability tests)

Doak, Cecilia C., Doak, Leonard G., Root, Jane H., *Teaching Patients with Low Literacy Skills*, Philadelphia, J.B. Lippincot Company 1996

*Making Health Communication Programs Work: A Planner's Guide*, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Office of Cancer Communications, National Cancer Institute, NIH Publication No. 92-1493, April 1992

California AIDS Clearing House, *Welcome to the 2002-2003 Online HIV Materials Development Training*  
[www.hivinfo.org/materials/mattraining/mdt02.shtml](http://www.hivinfo.org/materials/mattraining/mdt02.shtml)

## Readability

(from a "Google" search performed September 13, 2002)

[Kathy Schrock's Guide for Educators - Fry's Readability Graph](#)

... Teachers often would like to check the **readability** of a piece of writing.  
Edward ... invalid. Additional Directions for Working **Readability** Graph. ...  
[school.discovery.com/schrockguide/fry/fry.html](http://school.discovery.com/schrockguide/fry/fry.html)

[AHNCUR](#)

**Readability** Of Websites With Various Foreground/Background Color Combinations,

Font Types And Word Styles. Alyson L. Hill Department ...

Description: 1997 psychology research project by Alyson L. Hill at Stephen F. Austin State University. Participants...

Category: [Computers > Internet > Web Design and Development > Web Usability](#)

[hubel.sfasu.edu/research/AHNCUR.html](http://hubel.sfasu.edu/research/AHNCUR.html)

WDVL: **Readability** on the Internet

... **Readability** on the Internet. Lee Creek. December 20, 2001. There ... appearance.

It is now time to throw another factor into the mix ? **readability**. ...

[www.wdvl.com/Internet/Readability/](http://www.wdvl.com/Internet/Readability/)

**Readability** Research - Topics in Usability

Topics in Usability. **Readability** Research. ... Related Topics: Working with the Old and Young. Reading Habits. Information Presentation ...

[www.stcsig.org/usability/topics/readability.html](http://www.stcsig.org/usability/topics/readability.html)

Assess Text Using **Readability** Software

... Who Uses **Readability** Formulas, With access to a number of **readability** formulas, the **Readability** Calculations program is indispensable **readability** software for ...

[www.micropowerandlight.com/rd.html](http://www.micropowerandlight.com/rd.html)

HTML E-Mail: Text Font **Readability** Study

... HTML E-Mail: Text Font **Readability** Study. by Dr. Ralph F. Wilson ... change my standards. **Readability** between Serif and Sans Serif. Common wisdom ...

[www.wilsonweb.com/wmt6/html-email-fonts.htm](http://www.wilsonweb.com/wmt6/html-email-fonts.htm)

The PrenatalEd site - Evaluating Materials - **Readability** Testing

... **Readability** Testing Health Information By Sandra Smith, MPH, CHES ©

2002 800-444-8806 sandras@u.washington.edu Abstract This article ...

[www.prenataled.com/story9.htm](http://www.prenataled.com/story9.htm)

**Readability** Tests

**Readability** Tests. The main function of **readability** tests is to give you a quick assessment about the density of your writing. ... Flesch **Readability** Test. ...

[www.developer.gnome.org/documents/style-guide/usability-readability.html](http://www.developer.gnome.org/documents/style-guide/usability-readability.html)

An Author's Guide - **Readability** Testing

... The Smog **Readability** Formula Adapted from McLaughlin, G. (1969), SMOG grading:

A new **readability** formula. Journal of Reading, 12 (8) 639-646. ...

[www.med.utah.edu/pated/authors/readability.html](http://www.med.utah.edu/pated/authors/readability.html)

EyeWire: Magazine: Columns: Robin Williams: Improving **Readability**

... It is this moderation that makes old styles ideal for communication without an attitude.

Next: More typography tips to help **readability**, Improving **Readability**. ...

[www.eyewire.com/magazine/columns/robin/readability/](http://www.eyewire.com/magazine/columns/robin/readability/) - 16k - 11 Sep 2002 - [Cached](#) - [Similar pages](#)

LindaAndrews.com **Readability** Tool

... Here's a custom-made tool for estimating the reading level of a book,

article, or Web page, based on the SMOG **readability** formula. ...  
[www.linda-andrews.com/readability\\_tool.htm](http://www.linda-andrews.com/readability_tool.htm) - 10k - 11 Sep 2002

### **Readability** of Fonts in the Windows Environment

... **Readability** of Fonts in the Windows Environment. ... Abstract. The **readability** of twelve different fonts and sizes in the Microsoft Windows environment was studied. ...  
[www.acm.org/sigchi/chi95/proceedings/intpost/tst\\_bdy.htm](http://www.acm.org/sigchi/chi95/proceedings/intpost/tst_bdy.htm)  
The Sevloid Guide to Web Design: **Readability**  
... The Sev Guide to Web Design: **Readability**. Short ... most. It's up to you, whether you want to sacrifice **readability** for 'linkability'. ...  
[www.sev.com.au/webzone/design/readability.asp](http://www.sev.com.au/webzone/design/readability.asp)

### **Readability**

**Readability**. ... used inappropriately. The **readability** portion of WebSAT checks a web page to see what distracters are present. If the ...  
[www.zing.ncsl.nist.gov/WebTools/WebSAT/readability.shtml](http://www.zing.ncsl.nist.gov/WebTools/WebSAT/readability.shtml)

### **READABILITY HELPS THE LEVEL**

**READABILITY HELPS THE LEVEL**. ... Certain students have asked me if we could share the information again about the **readability** index, Linsear Write. ...  
[www.csun.edu/~vcecn006/read1.htm](http://www.csun.edu/~vcecn006/read1.htm)

Improving **Readability** of Iconic Programs with Multiple View ...  
Improving **Readability** of Iconic Programs with Multiple View Object Representation. ... 2  
Scalability Problem. 2.1 Iconic Program **Readability**. ...  
[www.computer.org/conferen/vl95/html-papers/koike2/koike.htm](http://www.computer.org/conferen/vl95/html-papers/koike2/koike.htm)

### Color **Readability** Test

Color **Readability** Test. ... The test will display a block of text similar to the following: You will be presented with the following **readability** sliding scale: ...  
[www.snow.utoronto.ca/readtest/](http://www.snow.utoronto.ca/readtest/)

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APPENDIX D

**CERTIFICATION OF COMPLIANCE**

Requirement: ***ALL MATERIALS USED BY OAPP CONTRACTORS IN CARRYING OUT OAPP FUNDED ACTIVITIES, even if they were funded by other sources, MUST BE SUBMITTED TO OAPP FOR APPROVAL. All websites maintained by OAPP contractors, even if they do not contain information about HIV or the treatment of or prevention of HIV must be similarly approved.***

OAPP Contract #

\_\_\_\_\_

Contractor Name:

\_\_\_\_\_

☐ I certify that this organization has complied with the terms and conditions of the above referenced requirement.

☐ I certify that the requirement for a website notice is not applicable to this organization. (If the requirement is not applicable, please state why.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below the primary web address(es) (URLs) impacted by this requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notices are to be placed on all applicable websites not later than June 30, 2002

<b>Signature of Authorized Certifying Official</b> (In blue ink)	<b>Title</b>
<b>OAPP Contractor</b>	<b>Date Submitted</b>

Please fax a copy of this document to (213) 351-2013, and mail the original as soon as possible to:

Kirsten Brantley, MPH  
Office of AIDS Programs and Policy  
600 South Commonwealth Avenue 2<sup>nd</sup> Floor  
Los Angeles, California 90005



**County of Los Angeles • Department of Health Services  
Office of AIDS Programs and Policy**

**APPENDIX E**

**Materials Submission Form**

<b>Title of Material:</b> _____		
<b>RFP#:</b> _____	<b>Contract #:</b> _____	<b>Source of Funds:</b> _____
<b>Submitted by:</b> _____		
<b>Agency:</b> _____		
<b>Address:</b> _____		
<b>City, State, Zip:</b> _____		
<b>Executive Director:</b> _____		
<b>Telephone, Fax:</b> _____		
<b>Senior Admin/Program Dir:</b> _____		
<b>Telephone, Fax:</b> _____		
<b>Authorized Signatory:</b> _____		<b>Date:</b> _____
<small>(In blue ink)</small>		

**1. Check One:**

\_\_\_\_\_ **Program Administration Materials. The materials submitted are for program administration purposes.** Program administration materials primarily serve to assist service providers to capture, track and document services provided. One original is required.

\_\_\_\_\_ **Educational Materials. The materials submitted are educational materials.** Educational materials are those materials intended to affect knowledge, attitudes, beliefs and/or practices regarding HIV/AIDS risk, reduction, access to services and treatment education. One original and seven copies are required for English-language materials; for non-English language, one original and two copies (non-English) and seven copies (English translation) are required.

\_\_\_\_\_ **Social Marketing Materials. The materials submitted are social marketing materials.** Social marketing materials are a form of educational materials, but are distinct in that social marketing materials are for relatively broad use, are frequently used independently of other services and are generally more public in their use and exposure. In addition to this form, please include the required narrative description of the social marketing effort. One original and seven copies are required. Contact the OAPP Program Manager to discuss submission of digital copies.

2. Describe the program in which the submitted materials are to be used with a brief narrative description of the program goals.

3. Title and Description. Describe the submitted materials. Specify the kind of materials submitted (e.g., pamphlet, curriculum, questionnaire, video) and the language(s) in which the materials were prepared and submitted.

4. Planned Use. Describe the target or behavior risk group(s) (BRG) for which these materials are intended. Be specific in terms of gender, ethnicity, geography and sexual orientation. Must be consistent with contract BRG or target population.

5. Describe the locations at which these materials are intended. Be specific as to the type of location (e.g., waiting room at Department of Social Services, ad display at gay bar).

6. Production. Describe the individual(s) or organization(s) that originally developed this material. If the materials were produced by the submitting contractor but relied on other source materials, please indicate the original source materials used.

**OAPP Use Only (Program Manager):**

☐ Agency name, address, and telephone number on materials for distribution (e.g., pamphlets)

☐ Correct funding credit included for agency produced materials

☐ Correct number of copies included

☐ PRO.MAN.(Adm.)

☐ English translation for all non-English materials

☐ Route to ESD

☐ Route to HCT

☐

Date Received (PM):

Name

Date Received (ESD):

Name

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**Office of AIDS Programs and Policy**

**APPENDIX F**

**Funding Credits**

1. If your contract is funded with Center for Disease Control and Prevention (CDC) resources, please write or say (i.e., for a PSA for television or radio)

***Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy.***

2. If your contract is funded with Net County Costs, Title I, other non-CDC or state sources, please write or say (i.e. for a PSA for television or radio):

***Funded by the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy.***

3. If your contract funding comes from Title II funding, please write or say (e.g. for a PSA for television or radio):

***This project was supported by funds received from the Office of AIDS Programs and Policy, the State of California, Department of Health Services, Office of AIDS, and the U.S. Department of Health and Human Services, Health Resources Services Administration.***

4. If your contract funding comes from the State of California Department of Health, Office of AIDS , please write or say (e.g. for a PSA for television or radio):

***This project is supported by funds received from the Office of AIDS Programs and Policy and the State of California, Department of Health Services, Office of AIDS.***

**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX G**

**Dr. Helene Galye Open Letter on CDC's Position on Nonoxynol-9,  
Nonoxynol-9 Disclaimer, and Treatment Education/Advocacy or Medical  
Information Disclaimer**

**DR. HELEN GAYLE OPEN LETTER ON CDC'S POSITION ON  
NONOXYNOL-9**

August 4, 2000

Dear Colleague:

At the International AIDS Conference held in Durban, South Africa, from July 9-14, 2000, researchers with the Joint United Nations Programme on AIDS (UNAIDS) presented results of an important study about HIV prevention in women. They studied a product widely used in spermicides, nonoxynol-9 (N-9), to determine if it would be effective in preventing HIV transmission. Products designed to provide a chemical barrier to HIV and STD transmission are called microbicides. This notice summarizes the study results and some implications for use of this product in prevention programs.

From 1996 until May 2000, UNAIDS sponsored a study of the effectiveness of a gel which contained 52.5 milligrams of N-9 (called COL-1492 in the trial and Advantage-S in the United States), compared to an inactive placebo gel. The study was conducted in several locations in Africa. Nearly 1,000 HIV-negative commercial sex workers were enrolled in the trial, and all women were counseled to use condoms consistently and correctly. In addition to condom use, the women were asked to use a vaginal gel each time they had intercourse. Half of the women were provided a placebo gel and half of the women received an N-9 gel. None of the women, or the researchers, knew which product each woman received, and all of the women were informed of the possible risks, benefits, and unknowns involved in the study.

At the end of the trial, researchers found that the women who used N-9 gel had become infected with HIV at about a 50% higher rate than women who used the placebo gel. Further, the more frequently women used only N-9 gel (without a condom) to protect themselves, the higher their risk of becoming infected. Simply stated, N-9 did not protect against HIV infection and may have caused more transmission. Women who used N-9 also had more vaginal lesions, which might have facilitated HIV transmission.

This study was conducted among women at very high risk C commercial sex workers C who used a great deal of the product on a frequent basis. The adverse effects might not be seen at the same level among women who are using spermicides with N-9 less frequently or in different formulation. However, given that N-9 has now been proven ineffective against HIV transmission, the possibility of risk, with no benefit, indicates that **N-9 should not be recommended as an effective means of HIV prevention.**

With the release of these data, the scientific evidence on N-9 as an HIV prevention strategy

is now conclusive and significant. As a result, prevention guidelines must be re-evaluated. UNAIDS and CDC will be holding consultations over the next few months to consider official revisions to public health guidelines for the use of N-9 for HIV prevention and for pregnancy prevention in populations at high risk for HIV. In the interim, these findings have several immediate implications.

First, any community delivering hierarchical prevention messages that counsel individuals who can't use a condom to consider spermicides with N-9 for HIV prevention should immediately revise these messages. This study suggests that the use of N-9 for HIV prevention may be harmful. Second, anyone currently using N-9 as a microbicide to protect themselves from HIV transmission during anal intercourse should be informed of the ineffectiveness of this agent and warned of the potential risk of this practice.

CDC has never recommended N-9 alone for HIV prevention, but current recommendations do emphasize the consistent and correct use of condoms, with or without a spermicide. While the level of N-9 used as a lubricant in condoms is much lower than the level found to be harmful in this study, CDC will re-evaluate this guidance as part of the upcoming consultation. In the interim, while N-9 will not offer any additional protection against HIV, a condom lubricated with N-9 is clearly better than using no condom at all. The protection provided by the condom against HIV far outweighs the potential risk of N-9. If given the choice, condoms without N-9 may be a better option for HIV prevention.

From a research perspective, these findings point to the need for accelerated efforts to identify a safe and effective microbicide. Of the more than 7,000 new HIV infections occurring in the world each day, about 90% are the result of heterosexual transmission. In addition, more than 330 million new cases of other STDs, such as gonorrhea, chlamydia, and syphilis, occur each year.

For those who are unable to access condoms or to negotiate their use, there is an urgent need to identify an effective alternative to prevent HIV and STD transmission. Moving forward with the evaluation of microbicide candidates, which are not likely to cause the same negative effect seen with N-9, should be a public health priority.

We appreciate any assistance you can provide in disseminating this critical public health information and will keep you informed as the consultations are completed.  
Sincerely,

Helene D. Gayle, M.D., M.P.H.  
Director, National Center for HIV, STD, and TB Prevention  
Centers for Disease Control and Prevention

*Last Updated: **August 8, 2000**  
Centers for Disease Control & Prevention  
National Center for HIV, STD, and TB Prevention*

## NONOXYNOL-9 DISCLAIMERS

The Office of AIDS Programs and Policy requests that any piece of HIV/AIDS prevention material **not recommend** the use of the spermicide, Nonoxynol-9 (N-9).

The Educational Services Division will release the guidelines on N-9 as soon as they become available from CDC.

1. If the material is commercially produced and therefore cannot be edited please add the following disclaimer:

English:

*Spermicides, like Nonoxynol-9, may be harmful to rectal and vaginal tissues thereby increasing the chance of HIV transmission. Please read the manufacturers' directions carefully.*

Spanish:

*Algunos espermicidas tales como el Nonoxynol-9 pueden dañar los tejidos internos del ano y/o la vagina y así aumentando el riesgo de transmisión del VIH. Por favor lea las instrucciones del paquete cuidadosamente.*

***Some written material requires disclaimers and addenda that provide enhanced information and options to the consumer.***

## TREATMENT EDUCATION/ADVOCACY OR MEDICAL INFORMATION

If your contract includes the delivery of **treatment education/advocacy** or **the provision of medical information**, you should use the following disclaimer:

*Distribution of information is funded by the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy, but such funding implies no endorsement of treatments or verification of the medical or scientific accuracy of the information.*

**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX H**

**RECOMMENDED NEEDLE CLEANING TECHNIQUES**

In 1993, the California State Department of Health, Office of AIDS revised their needle cleaning technique guidelines. The OAPP requests that any piece of educational material that pertains to needle cleaning recommend the following 3 x 3 x 3 method:

***Step 1: Rinse out syringe and needle with water 3 times.***

- Rinse out the syringe with clean cold tap water.
- Fill syringe all the way to top.
- Shake and tap a few moments.
- Empty syringe.
- **Do this at least three times.**

***Step 2: Rinse out syringe and needle with bleach 3 times.***

- Use full strength household bleach. Make sure the syringe is completely full of bleach for a total of 30 seconds.
- Fill syringe all the way to the top.
- Shake and tap a few moments.
- Leave bleach in syringe for at least 30 seconds.
- Empty syringe.
- **Do this at least three times.**

***Step 3: Rinse out syringe and needle with water 3 times.***

- Rinse out the syringe with clean cold tap water.
- Fill syringe all the way to the top.
- Shake and tap a few moments.
- Empty syringe.
- **Do this at least three times.**

**County of Los Angeles • Department of Health Services  
Office of AIDS Programs and Policy**

**APPENDIX I**

**SOCIAL MARKETING CREATIVE IMAGE FACT SHEET**

**AGENCY**

**NAME:** \_\_\_\_\_

**CONTRACT**

**NO:** \_\_\_\_\_

**PROJECT**

**MANAGER:** \_\_\_\_\_

**BEHAVIOR RISK GROUP**

**(BRG):** \_\_\_\_\_

Instructions: Attach a completed Creative Image Fact Sheet to each of the artwork/ad images intended to be used in response to the contract's requirements.

**IMAGE**

**NO:** \_\_\_\_\_

**IMAGE**

**NAME:** \_\_\_\_\_

**TARGET BEHAVIORAL RISK GROUP(S) / AUDIENCE**

**MEDIA STRATEGY/DISTRIBUTION:**

**IMAGE USE JUSTIFICATION (e.g. survey data, focus group findings, etc):**

\* Please add additional pages if necessary.



**IMAGE CHECK LIST:**

**1) Is image appropriate for the intended targeted audience?**    ☐ Yes   ☐ No

**Explain:**

**2) Is image appropriate for the intended venue and/or location?**    ☐ Yes   ☐ No

**Explain**

**3) Does the image properly represent the contract agency and the Los Angeles County Department Health Services Office of AIDS Programs and Policy?**   ☐ Yes   ☐ No

**Explain:**

\* Please add additional pages if necessary.

**4) Does the image include the correct credit and/or logo for the Los Angeles County Department Health Services Office of AIDS Programs and Policy and any other funders?   ☐ Yes   ☐ No**

**Explain:**

**5) Does the image provide the target audience an easily understood “call-to-action”?   ☐ Yes   ☐ No**

**Explain:**

**6) Is the contact information (telephone number, webpage address, etc) sufficiently visible given the media venue for the target audience to read and recall?   ☐ Yes   ☐ No**

**Explain:**

\* Please add additional pages if necessary.

**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX J**

**ADMINISTRATIVE REVIEW CHECKLIST FOR PROGRAM  
MANAGERS**

- ☐ Material required by contract and/or Scope of Work.
- ☐ “MATERIALS SUBMISSION” form is completed correctly.
  - ☐ Target Population and Planned Use sections of the form are specific and match the contract and Scope of Work
  - ☐ Correct number of copies are included
  - ☐ Type of material clearly indicated and required by Scope of Work (e.g., curriculum, outline, survey, flyer, outreach card, billboard, poster)
- ☐ Agency name, address, and telephone number are on materials that are intended for distribution (e.g., pamphlets, outreach cards, flyers)
- ☐ Correct funding credit included for agency produced materials

**Funding Credit**

All materials produced through contracts or purchase orders with the County and administered by the Office of AIDS Programs and Policy require a credit line. Credit must be written on the materials or stated in the product (e.g., PSAs for radio or television).

- If the contract is funded with NCC, Care Title I, or other non-CDC resources, please write or say (i.e. for a PSA or television or radio):

**“Funded by the County of Los Angeles, Department of Health Services,  
Office of AIDS Programs and Policy”**

If the contract is funded with Centers for Disease Control and Prevention (CDC) resources, please write or say (i.e. for a PSA for television or radio):

**“Funded by the U.S. Centers for Disease Control and Prevention and the  
County of Los Angeles, Department of Health Services, Office of AIDS  
Programs and Policy.”**

If your contract funding comes from Title II funding , please write or say (e.g. for a PSA for television or radio):

**“This project was supported by funds received from the Office of AIDS Programs and Policy, the State of California, Department of Health Services, Office of AIDS, and the U.S. Department of Health and Human services, Health Resources Service Administration.”**

If your contract funding comes from the State of California Department of Health, Office of AIDS , please write or say (e.g. for a PSA for television or radio):

**This project is supported by funds received from the Office of AIDS Programs and Policy and the State of California, Department of Health Services, Office of AIDS.**

- ☐ All materials are typed and in final form

#### Additional Social Marketing Materials Checklist

- ☐ Signed letter from agency’s Executive Director or program staff that have authority to sign for cost reports and contracts
- ☐ Completed Social Marketing Fact Sheet
- ☐ A Protocol that has the following elements
  - ( ) Agency’s Advisory Council names
  - ( ) Campaign Mock-up Materials
  - ( ) Needs Assessment Report
  - ( ) Focus Group Report
  - ( ) Field Testing Report
  - ( ) Implementation Report
  - ( ) Evaluation Plan Report
- ☐ Messages are large enough to be read by audience
- ☐ Messages are clear and not clouded by artistic content
- ☐ All phone numbers and web locations are working and accurate

F:\Divisions\Prevention Services\Risk Reduction\Common\1 Rumanes Files\Materials Checklist.doc

(OAPP- PS-CARE1)

**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX K**

**JOB DESCRIPTION FOR OAPP COMMUNITY MATERIALS REVIEW  
PANELISTS**

A Community Materials Review Panel reviews HIV/AIDS education printed, or audiovisual or electronically reproduced materials, including social marketing materials and web location. The task of each panel is to consider the appropriateness of messages within HIV education materials designed to communicate with various groups.

**COMMUNITY MATERIALS REVIEW PANEL COMPOSITION**

Panelists will represent a reasonable cross-section of the general population. Members may be recruited from the Commission on HIV Health Services and the Prevention Planning Committee. One member of the panel must be a representative from OAPP or other health department programs.

Panelists will have the expertise in the cultural sensitivities and language of the intended audiences so as to be able to consider the appropriateness of messages.

Panelists will also understand how HIV is and is not transmitted; and understand the epidemiology and the extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

**PANEL ACTIVITIES**

Community Materials Review Panelists will review educational materials developed or proposed for use by OAPP funded agencies based on the following criteria:

- accuracy of HIV related information and
- suitability for reaching the target population(s)
- readability, literacy level
- conformance with accepted community standards of decency
- conformance with all applicable federal, state and local laws, regulations and guidelines

All materials submitted to the panel will have been previously reviewed by OAPP staff and will be “camera ready.” Materials for review may include: pamphlets, prevention case management protocols, outreach materials, curricula and videos with HIV prevention themes and information, social marketing materials, and webpages and related links. Reviewers are asked to return materials within one week of receipt from OAPP. OAPP pays the postage.

**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX L**

**OAPP COMMUNITY REVIEW PANEL MATERIALS  
REVIEW/APPROVAL FORM**

Agency/Contract Number/RFP#: \_\_\_\_\_

Material Reviewed: \_\_\_\_\_

Behavioral Risk Group or Target Group: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Please return by: \_\_\_\_\_

The Centers for Disease Control and Prevention (CDC) Guidance on Materials Review states that:

- 1) Materials developed with CDC funds may not "be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual activity or intravenous substance use,"
- 2) "All programs of education and information receiving (CDC) funds...shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities."
- 3) Materials provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of ... (HIV)...provided that...informational "material used are not obscene."  
And
- 4) "Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices."

**Checklist**

<b>1. The materials are designed to promote or encourage directly</b>			
<b>A. Homosexual activity</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>B. Heterosexual activity</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>C. Intravenous substance use</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Comments</b>			
<b>2. The materials include information about the harmful effects of and the benefits of abstaining from</b>			
<b>A. Promiscuous sexual activity</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>B. Intravenous substance use</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Comments</b>			
<b>3. Educational sessions include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>



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Office of AIDS Programs and Policy

APPENDIX M

EDUCATIONAL SERVICES MATERIAL REVIEW WORKSHEET

Agency Name: \_\_\_\_\_

Title of Material: \_\_\_\_\_

Please Circle: Pamphlet/Brochures Curriculum Questionnaire Video Other: \_\_\_\_\_

Language(s) to be used (Circle): English Spanish Other: \_\_\_\_\_

Approved Planned Use (Be Specific): \_\_\_\_\_

Behavior Risk Group: MSM MSM/W WSR IDU P for HIV+ HIV+ Other: \_\_\_\_\_

(Circle one or more)

1. ESD Reviewer:	Approved: Yes	No	Date
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2. Specialty or Language Reviewer (Must have supporting documentation)	Approved: Yes	No	Date:
---	---------------	----	-------

3. State Office of AIDS (Title II Mats) (Must have supporting documentation)	Approved: Yes	No	Date:
---	---------------	----	-------

4. OAPP Division Dir. ES PS CS PA	Approved: Yes	No	Date:
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5. CDC Panel Review (3 of 5)	Approved: Yes	No	Date:
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6. OAPP Director's Approval Please Return to Educational Services By:

Signature: _____	Approved: Yes	No	Date: _____
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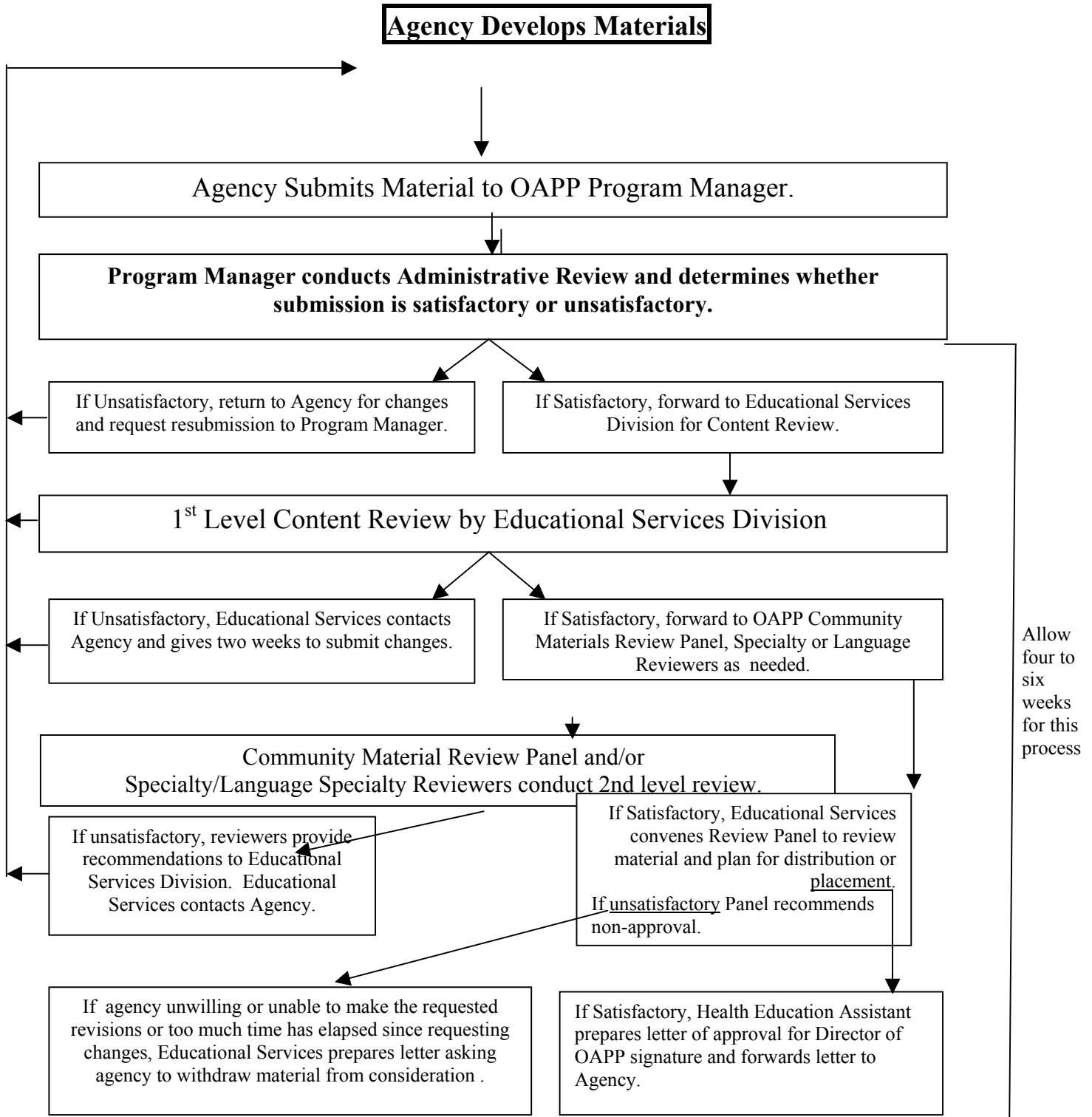
DATE	COMMENTS





## APPENDIX N

### MATERIAL APPROVAL PROCESS FLOW CHART EDUCATIONAL MATERIALS



**County of Los Angeles • Department of Health Services**  
**Office of AIDS Programs and Policy**

**APPENDIX O**

**Materials Review Compliance Agreement**

\_\_\_\_\_ (Agency Name) has received basic instructions and comprehensive written explanations of the CDC guidance on the Review of content of AIDS-related written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Education Sessions.

We understand that all written Materials, audiovisual materials, pictorials, questionnaires, survey instruments, educational curricula and other relevant program materials must be reviewed by the established Community Materials Review Panel of the Office of AIDS Program and Policy.

We understand that the criteria established by the CDC for the review of these materials include:

- A. All programs of education and information receiving fund under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.*
- B. None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.*
- C. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.*
- D. CONSTRUCTION> -Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.*

We have been provided and have agreed to comply with these regulations and the policies and procedures of the Office of AIDS Program and Policy included here in and attached.

We understand that failure to comply with these federal regulations can result in the loss of current and future federal funding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date